File with
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Molnes, Iowa 50319
Fax: 515-281-4073

PRESET Form

Reset Form

POR IN

POR IN

IA ETHICS AND CAMPAIGN DISCLOSURE BE

FOR INSTRUCTIONS, SEE BACK OF FRANK NOV 29 AM 7: 32

DISCLOSURE SUMMARY PAGE

IMPORTANT Indicate by \$ type of committee you are reporting for 1 (1) Electronal (2) apical partial (2) apical partial (3) apical partial (3) apical partial (4) api				
IMPORTANT. Indicate by # type of committee you are reporting for	COMMITTEE NAME (Must be same as on Statement of Or	ganization)		DISCLOSURE
CANDIDATE COMMITTEES ONLY: Candidgte Name Chuck Sworc Office Sough: Council - District (# Senate or House) District (# Senate	(1) Statowide/Legielative/Judge Standing for Retention Controlled (4) County Central Committee (5) County Candidata (E) City Cal Subdivision Candidate (8) County PAC (9) City PAC (10) School	Tigothani Beard or Other Political	(Rev. 07/2007) For Office Use Comm. #	Duly.
Late reports are subject to possible civil and criminal penalties. Pursuent to lowa Code sections 698-32A(7) and 68A,401(3), the candidate, for a subject to possible civil and criminal penalties. Pursuent to lowa Code sections 698-32A(7) and 68A,401(3), the candidate, for a subject to possible civil and criminal penalties. Pursuent to lowa Code sections 698-32A(7) and 68A,401(3), the candidate, for a subject to possible civil and criminal penalties. Pursuent to lowa Code sections 698-32A(7) and 68A,401(3), the candidate, for a subject to possible civil and code in the code code	CANDIDATE COMMITTEES ONLY: Candidate Name Chuck Swore	District (if Senate or House)	Scannod	
CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election	Late reports are subject to possible civil and criminal penalties. Mulch SIGNATURE OF PERSON FILING REPORT	Pursuant to Iowa Code sections 68B.32A(7) 319-363-7836 TELEPHONE	D/ATE	29/07 SIGNED
Check if this is finel (termination) report and ettach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST bot the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below) Schedule H: Total Sales of Campaign Property (Attach Schedule H) Schedule H: applies to Candidates' Committees Only) SUB-TOTAL SUB-TOTAL SUB-TOTAL SUB-TOTAL SCHECK IF AMENDIMENT TO REPORT OF COUNTY Which Election is held SUB-TOTAL SUB-TOTA	(report date)	Indicate by # [
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*slso see in-kind below) Schedule F: Loans Received total (Attach Schedule A) (*slso see in-kind below) Schedule H: Total Sales of Campaign Property (Attach Schedule H) (Schedule H applies to Candidates' Committees Only) SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) Schedule F: Loan Repayments total (Attach Schedule F) CASH ON HAND at the end of this reporting period (if final report balance must be zero) **UNPAID BILLS (From Schedule D - Attach Schedule D) **UNPAID BILLS (From Schedule D - Attach Schedule E) **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) CONSULTANT BREAKDOWN (Schedule G Attached?)	Object of this is final (termination) report and ettach Notic	ce of Dissolution Form DR-3.	uniy & Local Committ ch Election is held	107
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST bo the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H) (Schodule H applies to Candidates' Committees Only) SUB-TOTAL SUB-TOTAL SUB-TOTAL SUB-TOTAL SCHEDULE F: Loan Repayments total (Attach Schedule B) (**also see debts and loans below) Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) Schedule F: Loan Repayments total (Attach Schedule F) CASH ON HAND at the end of this reporting period (if final report balance must be zero) **UNPAID BILLS (From Schedule D - Attach Schedule D) **UNPAID BILLS (From Schedule D - Attach Schedule E) **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) SCONSULTANT BREAKDOWN (Schedule G Attached?)	STATEMENT OF CASH ON HA	ND		
ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H) (Schedule H applies to Candidates' Committees Only) SUB-TOTAL SUB-TOTAL SUB-TOTAL SUB-TOTAL SUB-TOTAL SCHEdule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) Schedule F: Loan Repayments total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedule F) CASH ON HAND at the end of this reporting period (if final report balance must be zero) "UNPAID BILLS (From Schedule D - Attach Schedule D) "IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) "OUTSTANDING LOANS (From Schedule G Attached?) YESNO	CASH ON HAND at the beginning of the reporting period.	(Total of all funds held by the	\$	00.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule Et Loans Received total (At	hedule A) ("also see in-kind below)	6,-	00.00
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	(Schedule Happlies to Candidates' C	ommittees Only)	1/	00.00
UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) CONSULTANT BREAKDOWN (Schedule G Attached?)	Schedule B: Expenditures total (Attach Schedule Schedule F: Loan Repayments total (Attach Sch	e B) (alsc see debts and loans below)	3 4	22.67 00.00 11.33
CONSULTANT BREAKDOWN (Schedule G Attached?)	**UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach S) Schedule E)	s	00.00
A MARIA A CARDINATE ECONI VI	CONSULTANT BREAKDOWN (Schedule G Attached?)	neaule F)	YES -	
CANDIDATE COMMITTES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) STATE COMMITTES: Submit a reconciled campaign account bank statement in January of each year.	VALUE OF CAMPAIGN PROPERTY (From Schedule H	- Attach Schedule H)		00,00

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (A	Aust he same	as on Statemer	nt of Organiza	tion)
CITIZEN	F =	Phush	5,000	Astrict 4
CITIZEN	5 /0/	Much	June	TERMS (POLITICAL ACT

and selecting with the B	SCHEDULE	
Resentono	(Rev. 07/03)	MONETARY RECEIPTS
]		CK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN, A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE, ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	FUND RAISER INCOME
1/10/07	ID# CK#	Frank Gardner DR NW 1900 Garden DR NW Cedar Rupids IA 52405		\$ 500.00	
1/12/07	ID# CK#	Hunter Parks 120 300 St SW Cedar Rapids IA 52404		600.00	
1/12/07	ID# CK#	Home Builders ASSA.		50000	
1/12/07	ID# CK#	Brigh Gardner Lee Lone NW		100.	
1/12/07	ID# CK#	Janet Pilcher Rd SE 4104 East Post Rd SE Cedar Rapids IA 52403		5D.00	
1/12/07	ID# CK#	Ralph Palmer 4069 Hickory Hill Lanc Cedar Rapids IA 52403	د	250 w	
1/12/07	ID# CK#	Elizabeth Dummermuth 1314 Deer Trail Cedar Rapids FA 52403		500. ao	
1/17/07	10# 6323 CK#3117	Master Builders 221 Park St. POBOX 695 DES Moines IA Sp306-0695		500°00	
1/17/07	ID#	Churles S. O'Been yg Shag bark Ct. Lowa City JA 52246-27		1,000 00	7
1/17/0	1D# 7 CK#	Mary + Allan Thoms 3935 Sally DR NE		50.W	
		Codar Kapids JA 52402	SUB-TOTAL	\$4050,	00

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage)—If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of 2

For Instructions, See Back of Form	Reset Form	MONETARY
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		CHECK THIS BOX IF AMENDING FORM
COMMITTEE NAME (Must be same as on Statement of Organ	Districts Districts ACTION COMMITTEE, LIST THE	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTER). LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN NEED TO SHEET PAGE OF THE PAG DISCLOSURE BOARD

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

- Paper	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT RECEIVED	√ IF FOR FUND-
RECEIVED	(if applicable)		TO CANDIDATE* (If applicable)	RECEIVED	RAISER
(MM/DD/YR)	AND PAC CHECK NUMBER				INCOME
/ ,	10# 6414	Hawkeye Labor Council 1211 Wiley Blud SW Cedar Rapids IA 52404		\$ 1 500,20	
1/17/07	CK# 1054	1211 Wiley 15/08 360		\$1,000.0	
		Cedar Rapids LA 502409	1		
1. /	ID#	Thomas HIER Rd		500.00	
1/17/07	CK#	Cedar Rapids IA 52403		000	
	ID# 10216	TATA LOCAL 1363			
1/17/07	<i>U</i>	IBEW Local 1362 Rd NE		200.0	
(111707	CK# 1278	12.10	2	0.00	
1 /	ID#	Plumbers + Pipe FittersLocal 1839-16th Ave Sw Cedur Rupids IA 52409	4/	750.00	
1/19/07	CK#	1839-16, to Ave Sw		130.	
	10#	(edur Mapios In 30 10)			
	CK#				
	ĪD#				
	CK#				
					1
	ID#				
	CK#				
	ID#				
	CK#				
			+		1
	ID#				
	CK#				
	15#				
					L==-
	CK#				

TOTAL (If last page of this schedule)

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguintly (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Raset Form

SCHEDULE

MONETARY В (Rev. 07/03)

EXPENDITURES CHECK THIS BOX IF

AMENDING FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE

CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD

COMMITTEE NAME (Must be same as on Statement of Organization) huck Swore AMOUNT PURPOSE NAME AND ADDRESS TO WHOM EXPENDED CANDIDATE (DESCRIBE TRANSACTION) EXPENDITURE ID NUMBER DATE (Disbursement) WAS MADE (if applicable) EXPENDED AND PAC (MM/DD/YR) CHECK Cowboy Ca-ds + Lirect mail cards \$1,457.50 NUMBER Vote Factory. com Po Box 9122 ID# Cedar Rapids IA 52409 CK# Vote Factory com yard signs dar Rapids IA 52 409 Nailing Services Inc postage for 200-50th St De Sw-B OULTSIZED post-edar Rupids IA 52404 Card Mailing (2) edar Rupids Bank + Mist check charge 10# noids IA 52401 ID# CK# ID# CK# ID# CK# ID# CK# SUB-TOTAL

TOTAL (if last page of this schedule)

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of cartain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and lows Code 88A.402(3)(i).)

	1		1	
Page		_ of		

FOR INSTRUCTIONS, SEE BACK OF FORM	(Rev. 06/97) CON
COMMITTEE NAME (Must be same as on Statement of Organization) C. +12ens for Chuck Swore District 4 Reset Form	CHECK THI AMENDING

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
CHEC	K THIS BOX IF

DATE RECEIVED	NAME AND ADDRESS	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
(MM/DDYR)	OF CONTRIBUTOR HEME Electric 3353 Southquite Ct Sw Claur Rapids IA 52404			33.00	
11/16/07	Auxiant St SE Cadar Rapids +A 52401		office space elampse terruse printeruse	127 60	
	Cedar Napids 411 3511				
			SUB-TOŢA	160-	2
			TOTAL (If la page of th schedul	is 1600	2

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

of Page (for Schedule E)